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|----------|---------------|-----------------------------------|---|
| OCT' 2 (| ابر 2007 | IN THE UNITED STATES PATENT AND T | RADEMARK OFFICE |
| 12 | Applicant: | Kazuya Ueda et al. |) |
| THE IM | Derial No.: | 10/808,218 |) I hereby cert) deposited with) as FIRST-CLA |
| | Conf. No.: | 3929 |) to: Mail Stop I |
| | Filed: | 3/24/2004 |) P.O. Box 1450,) this date. |
| | For: | LIQUID CRYSTAL DISPLAY |) <u>October 23, 20</u> |
| | Art Unit: | 2871 |) Date)) |
| | Examiner: | Chen, Wen Ying Patty |) |
| | Mail Stop RCE | | |

I hereby certify that this paper is being deposited with the United States Postal Service as FIRST-CLASS mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

VAttorney for Applicant(s)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Dear Sir:

Transmitted herewith is a communication regarding the above-identified application.

Fee Calculation For Claims As Amended

| | As Amended | | Previously Paid For | | Present Extra | | Rate | | Additional Fee | |
|--|---------------|--|------------------------|-----|------------------|---|----------|-------|-------------------|-------|
| Total Claims | 27 | | 26 | = | 1 | x | \$ 50.00 | = | \$ | 50.00 |
| Independent Claims | 2 | | 3 | _ = | 0 | X | \$210.00 | = | \$ | 0.00 |
| Fee for Multiple Dependent Claims \$370.00 | | | | | \$370.00 | = | \$ | 0.00 | | |
| Total Additional Fee | | | | | | | \$ | 50.00 | | |
| Small Entity Fee (reduced by half) | | | | | | | | \$ | | |

- (X) Supplemental Amendment E with a check for \$50.00 (one (1) additional dependent claim).
- Request for Continued Examination (in duplicate) with a check for \$810.00. (X)
- If a Petition under 37 C.F.R. §1.136(a) for an extension of time for response is required to make the attached response timely and does not separately accompany this transmittal, Applicant(s) hereby petition(s) under 37 C.F.R. §1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.
- The Commissioner is hereby authorized to charge any additional fees which may be required to this application (X) under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

Chicago, Illinois 60606 Tel.: (312) 360-0080 Fax: (312) 360-9315 Customer No.: 24978

300 South Wacker Drive - Suite 2500

October 23, 2007

K. Folker, Reg. No. 37,538